

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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EDITOR

Sanitation in an Earthquake Zone

Late in the afternoon of March 10th an area of approximately thirty by forty miles in southern Los Angeles County and northern Orange County suffered a sharp earthquake which caused more than one hundred deaths and several thousand injuries. Many buildings were destroyed and many were damaged. Because of recurring shocks and because of many damaged homes residents of Long Beach and other cities were obliged to find temporary shelter.

Acute problems in sanitation occurred immediately and it became necessary for the Chief of the Bureau of Sanitary Inspections and six inspectors to proceed at once to Long Beach. Following a conference with Dr. Giles S. Porter, Director of Public Health, and Dr. G. E. McDonald, City Health Officer of Long Beach, the chief of the bureau immediately assumed charge of all activities relating to sanitation with the exception of those relating to central sewage disposal and water supplies.

The city was divided into a number of districts for purposes of organization and house to house surveys were made to ascertain conditions relating to plumbing, broken water pipes and broken sewer pipes. Matters relating to garbage disposal were investigated at the same time. Inquiries were also made relative to persons who might be sick or injured.

The personnel to carry on this work became greatly augmented through the arrival of employees from the health departments of Long Beach, Pasadena, Los

Angeles and Los Angeles County. The personnel worked under the direction of the chief housing inspector of the Long Beach City Health Department, chief inspector of the Pasadena Health Department, director of housing and sanitation of Los Angeles City Health Department, and the sanitary instructor of the Los Angeles County Health Department.

State inspectors from the Department of Public Health undertook investigations and inspections of sanitary conditions in refugee camps which were established in city parks and other places. Men furnished by the county stabilization bureau and the Reconstruction Finance Corporation were formed into groups for the purpose of placing and maintaining these camps in safe and sanitary condition. The concentration of isolated groups of refugees into larger camps was started quickly, in order to facilitate supervision over the sanitary conditions of the camps.

A disinfecting crew was organized and equipped with material and transportation. A rodent control squad was formed and an intensive rat extermination campaign was carried on at the same time. After ten days conditions with regard to the public health were regarded as normal and efforts were started to persuade residents to return to their homes.

Four physicians and several nurses from the State Department of Public Health were also detailed to Long Beach, where they assisted local authorities in the provision of immunizations against typhoid fever.

This procedure was undertaken purely as a preventive measure. No cases of typhoid fever were found the sources of which could be associated with any conditions that arose because of earthquake damage. The Southern Pacific Company furnished a Pullman train which was used temporarily for the housing of refugees.

The assistance given by all health departments, private organizations and by the State was appreciated by the authorities of the communities involved, and the fact that no unfavorable health conditions followed the earthquake indicates that timely and successful results were achieved in the provision of proper sanitation.

MADERA COUNTY CHILDREN IMMUNIZED

Since September, 1932, 1524 children of Madera County have been immunized against diphtheria according to a report issued by Dr. Lee A. Stone, County Health Officer. Of these, 700 are children attending schools in the city of Madera and the remainder reside in the rural districts of the county, with the exception of the mountainous districts. As soon as weather permits Dr. Stone will extend his campaign into the mountains. He believes that more than two thousand children of the county shall have been immunized against diphtheria before the school year ends. The total attendance upon the schools of the county is thirty-five hundred. He reports, however, that sixty per cent of the children of Madera County under ten years of age have already been immunized. Dr. Stone has discovered in his trips to the schools that many children have received immunization from family physicians.

During an outbreak of smallpox in the spring of 1932, twenty-eight hundred individuals, mostly children, were vaccinated against smallpox by Dr. Stone. Since September, 1932, 749 individuals have been immunized against typhoid fever.

During the present emergency, the county welfare department has requested the health officer to visit homes where illness has been reported and in no instance has an indigent unable to pay for the regular services of a physician failed to receive service at the hands of the Madera County Public Health Unit. The county has thus been saved the expense for caring for many sick individuals who otherwise would have been sent to the county hospital. It is public health services such as these that are of the utmost value to the community in the present economic emergency.

He who has health has hope; he who has hope has all.—An Arab Proverb.

PUBLIC HEALTH MEETING IN SAN BERNARDINO

The Health Officer of San Bernardino County, Dr. E. B. Godfrey, has arranged a public health meeting to be held on the afternoon and evening of Friday, March 31. The program will begin early in the afternoon, with ten-minute addresses by a large number of physicians and prominent individuals. At the dinner meeting, Mr. J. Arthur Brown, Editor of the San Bernardino "Telegram" will act as toastmaster. Following is the tentative program:

Lieutenant Colonel A. A. Arnold, Commandant of March Field:

"Health Conditions in the Army and the Aviator in General."

Louisa H. Bacon, M.D.:

"The Laboratory and Public Health."

John N. Baylis, M.D.:

"Our Part of California."

F. A. Robinson, U. S. Forestry Service:

"What the National Forest Does to Protect the Health of Those Visiting the Forest."

S. B. Richards, M.D., Superintendent of the County Hospital:

"Hospitalization."

Golder I. Lawrence, Pastor of the First Methodist Church:

"What the Residents of San Bernardino County Are Doing to Conserve the Health and Morals of Residents."

J. B. Griffing, President of the San Bernardino Junior College:

"The White House Conference."

G. Max Webster, M.D., Superintendent of Patton State Hospital, will speak on a subject of his own choice.

F. B. Moor, M.D., President of the San Bernardino Medical Society:

"The Attitude of the Medical Society Toward Public Health."

Harold E. Morrison, M.D.:

"The Family Clinic Problems."

Mr. Charles Mann:

"The Mountain Problems."

The greatest of follies is to sacrifice health for any other advantage.—Schopenhauer (1850).

MORNING SCHOOL INSPECTIONS

The public health nurses of the Santa Barbara County Health Department have contributed an article upon safety and education in morning school inspections published in the bulletin of the Santa Barbara County Health Department for the week ending March 6th. The presentation of this subject is made in an attractive form and places proper emphasis upon the importance of this routine procedure in the maintenance of health in school children. The article is reproduced here, in part.

"Morning inspections in the schools are conducted for the purpose of making certain that each child is well enough to take part in the school-day program; that no child is a risk to the health of the group; and that each child is clean and well groomed.

In meeting these objectives the children are helped to grow in good habits of personal hygiene and in an understanding of a citizen's community responsibility. Of course the home is the most effective place for a morning inspection and every effort should be made to secure the interest of parents in joining the school in this activity, but the school inspection is essential. The teacher's part should be done without formality, the emphasis being upon the child's own active participation. A child who presents himself to the teacher for her approval of his own effort has a better chance to grow in self-respect and in good habits of personal hygiene than one who stands passively to be compared with a standard set for him by an adult. Through the experience, the children learn to set their own standards, to attain them and to move on to higher standards. Thus the school meets, in part, its responsibility for offering the children opportunities to learn and to live healthfully.

It is suggested that, at the beginning of the school day, wherever the school set-up will permit, the teacher will be in an appointed place—at the door, seated at her desk, or standing in a well-lighted part of the room, where the children may come to her, preferably not in a formal line-up. If the teacher is seated, she will seem nearer to small children. Through the classroom discussion this may be understood by the children to be the time when the teacher recognizes the child's own success at getting ready for school. The teacher has an opportunity to look for these deviations from usual appearance:

Reddened eyes, running nose, cold in the head (indicating possible communicable disease).

Flushed or pale faces.

Rash or sores on the face or hands.

Dull eyes, puffiness of face, general lassitude, offensive breath.

The first part of the inspection should be supplemented by further observation of the child as soon as he is seated and occupied with some quiet work. Coughing, sneezing, scratching, frequent trips to the toilet, uneasy movements or posture should be looked for. A child who gives evidence of some lack of his usual health should have his temperature taken. If there is an elevation of temperature, he should be

isolated* from the group and his parents notified or he should be referred to the public health nurse if she is expected soon at the school.

General Principles

This instruction in health and in citizenship is based upon the following general principles:

1. Each child should contribute toward the school program and toward the protection of all others in the classroom.
2. A child must be free from any symptom of ill health if he is to profit most from the activities of the school day.
3. Cleanliness and good grooming enhance a child's own poise and comfort and the pleasure of those around him.

Rules for the Pupils

1. Stay at home if beginning a cold. Bring a clean handkerchief.
Cover the nose and mouth when coughing or sneezing.
Report to mother or teacher the presence of any sore upon the body.
2. Report to mother if not feeling well before coming to school.
Report to teacher at once any illness which may developed in school.
Cooperate in temperature taking.
3. Come to school with clean body, clean clothes and with hair combed.
General inspection at mirror (long mirror if possible).
Present himself to teacher to receive her recognition of his preparedness.

Equipment

To assure the greatest success of this type of self inspection, there should be available in school a clinical thermometer, water, soap and towels for hand-washing, effective and safe substitutes for clean handkerchiefs, pins, buttons, needles and thread for making repairs, and if possible, a mirror in which the children may see themselves whole."

SAN JOSE CHILDREN IMMUNIZED

Dr. H. C. Brown, City Health Officer of San Jose, in the March bulletin issued by the San Jose Health Department, states that it is necessary to have something beside a health department and quarantine sign to control communicable diseases. There must also be an awakening of the public consciousness and a desire to cooperate fully with the health officer and with the health department. He emphasizes the fact that cases showing symptoms that may be suspicious of communicable disease, as well as known cases, must be reported by doctors, parents, nurses and teachers.

* To isolate a child effectively, he should be placed so that his coughing, sneezing or talking will have no chance to send a spray of droplets in the direction of the other children. A seat well apart in the back or the front of the room, facing away from the others, will usually suffice if a separate room is not available.

During the year 1932 there were only eight cases of diphtheria in San Jose. Dr. Brown places emphasis upon the value of immunization in making this excellent record.

Special consideration is now being given to the prevalence of smallpox. In 1931 there were no cases of this disease in San Jose. In 1932 forty cases were reported, of which number twenty-four were in school children, fourteen in adults and two in children of pre-school age. Since the beginning of the present year thirty-three cases of smallpox have been reported, of which twenty-two were in school children, ten in adults and one in a child of pre-school age. In 1931, 405 children were vaccinated against smallpox and in 1932, 692 children were vaccinated. Since January 1, 1933, however, 1560 children have been vaccinated against smallpox, a total of 2657 since January 1, 1931. In his bulletin Dr. Brown asks physicians, at this time, to urge all of their patients to be vaccinated.

MORBIDITY*

Diphtheria

53 cases of diphtheria have been reported, as follows: Fresno County 2, Brawley 1, Kern County 1, Los Angeles County 3, Beverly Hills 1, Glendale 1, Long Beach 1, Los Angeles 31, Whittier 1, Madera County 1, Monterey County 1, Roseville 1, San Diego 2, San Francisco 2, Sonoma County 2, Ventura County 2.

Influenza

61 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 26.

Measles

1146 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 201, Alhambra 13, Burbank 15, El Monte 12, Glendale 23, Huntington Park 23, La Verne 31, Long Beach 73, Los Angeles 508, Pasadena 26, Santa Monica 12, South Gate 22, Bell 11, San Bernardino County 16, Ontario 22, Stanislaus County 15, Sutter County 19.

Scarlet Fever

178 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Fresno County 11, Los Angeles County 21, Los Angeles 55.

Whooping Cough

359 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as

follows: Alameda 10, Berkeley 17, Oakland 25, Fresno County 19, Fresno 14, Los Angeles County 27, Long Beach 10, Los Angeles 26, Sacramento 19, San Francisco 78, San Joaquin County 12, Stockton 13.

Smallpox

24 cases of smallpox have been reported, as follows: Los Angeles County 4, Los Angeles 13, South Gate 1, Monterey Park 1, Santa Clara County 1, San Jose 3, Ventura County 1.

Typhoid Fever

7 cases of typhoid fever have been reported, as follows: Martinez 1, Los Angeles County 1, Los Angeles 2, Riverside 1, San Francisco 2.

Meningitis (Epidemic)

One case of epidemic meningitis from Los Angeles County has been reported.

Poliomyelitis

One case of poliomyelitis from Los Angeles County has been reported.

Encephalitis (Epidemic)

One case of epidemic encephalitis from Oakland has been reported.

Food Poisoning

13 cases of food poisoning (mushrooms) from San Francisco have been reported.

Coccidioidal Granuloma

2 cases of coccidioidal granuloma have been reported, as follows: Fresno County 1, Los Angeles 1.

Septic Sore Throat

One case of septic sore throat from Paso Robles has been reported.

Actinomycosis

One case of actinomycosis from Los Angeles has been reported.

Undulant Fever

One case of undulant fever from Stanislaus County has been reported.

*From reports received on March 20th and 21st for week ending March 18th.